2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000024595

1. Entity Name

OVERSEAS IMPORTS CAR SALES, INC.



FILED Mar 16, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

360 N HWY 434

ALTAMONTE SPRINGS, FL 32714

360 N HWY 434 ALTAMONTE SPRINGS, FL 32714



DO NOT WRITE IN THIS SPACE

03142006 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

FILINGS, INC. 3732 NW 16 ST FT LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the prions of registered agent. | urpose of changing its registered | d office or re | egistered agent, or bo | th, in the State of Florida. I am familiar with, and accept |
|--|---|---|-----------------|----------------------------|---|
| SIGNATURE. | Signature, typed or printed name of registered agent and title if | socilicable (NOTE Registered | Agent signature | required when reinstating) | DATE |
| FIL After M | E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees | | | |
| 10. | OFFICERS AND DIREC | TORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BERRY, ALAN L 360 N HWY 434 ALTAMONTE SPRINGS, FL 32714 | | | | • |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV BERRY, KATHLEEN V 380 N HWY 434 ALTAMONTE SPRINGS, FL 32714 | - | | , | 000000469381 03/25/06-80027-006 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN . | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZP | | | | | · · · · · · · · · · · · · · · · · · · |
| TITLE NAME STREET ADDRESS | | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I turther certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE;

CITY-ST-JIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

3/13/06 407 782 3777